US Department of Labor Office of Labor-Management Standards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P L 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREFUL	LY BEFORE PREPARING THIS REPORT		
1 File Number U 9036	2. Fiscal Year Covered From		
	01 / 01 / 04 Through. 12 / 31 / 04		
3 Name and address of person filing	4 Name file number and address of labor organization.		
Name Larry C Sprinkle, Jr	Name Teamsters Local Union No 688		
	Labor Organization File Number		
PO Box Bldg Room No if any	P O Box Building and Room Number if any		
Street 3221 Frese Drive	Street 300 South Grand		
City Quincy	City St Louis		
State [Jilmois ZIP Code +4 62305	State Missouri ZIP Code + 4 63103		
5 Position in labor organization. Business Representative			
Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)			
A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.			
6 Name and address of Employer (including trade name if any)	7 a. Nature of Interest, Transaction, or Income		
Name (
Trade Name If any			
PO Box, Bidg Room No If any			
Street [7 b Amount.		
City			
State ZIP Code + 4			
Signature			
15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned s knowledge and belief true correct, and complete (See the section on penalties in the instructions)			

217-222-1334

Telephone Number

Name of Person Filing Larry Sprinkle		File Number U	
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested			
8 Name and address of Business (including trade name if any) Name American Income Life Insurance Company Trade Name if any P O Box Bidg Room No if any Street 10307 Blueridge Boulevard City Kansas City State Missouri ZiP Code +4 64134	9 Business deals with Xi a Labor Organiza b Trust c. Employer	ntion	
10 If 9 b or 9 c is checked give trust or employer's name Name Trade Name If any P.D. Box, Bldg. Room No. If any	Insurance company markets policies to Union members and their families by having information about no-cost and other available coverage mailed by the Union to its membership. The insurance company has no direct contact with Union members.		
City State ; ZIP Code + 4		d or income received nith insurance policy (death made available to all members of	
_	12 b Amount	Unknown	

se i.

The transactions, dealings and interests that are detailed in the attached Form LM-30 represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2004 to December 31, 2004. Accurate records of reportable occurrences were not kept for the 2004 fiscal year, and one or more items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing, or interest that should have been reported for the period of January 1, 2004 to December 31, 2004, I will promptly file an amended Form LM-30.

Same C. Samble for Signature

726-05 Date